

Exhibit A

Standard Form No. 8  
October - 1954  
Department of Labor  
Regulation 609.2

NOTICE TO SEPARATED FEDERAL EMPLOYEE  
(Unemployment Compensation Program)

KEEP THIS FORM. The information on this form will facilitate the determination of your rights to unemployment compensation. To file a claim for compensation, take the following items to the nearest public employment office:

1. THIS FORM (and any other such forms you have received in the past 24 months)
2. Your SOCIAL SECURITY ACCOUNT NUMBER CARD
3. The official notice regarding your separation (Notification of Personnel Action, Standard Form 50, or other similar document)



(Federal agency will insert in box above  
name and address of office where employee's  
payroll records are maintained.)

Example of payroll office address:

Payroll Section  
Bureau of Employment Security  
Department of Labor  
New General Accounting Office Building  
Washington 25, D. C.

MS-931

(State)  
(Agency)

WAGE/SEP 13

REQUEST FOR WAGE AND SEPARATION INFORMATION  
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES

COMPLETE THE ITEMS BELOW AND RETURN  
WITHIN 4 DAYS

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ S.S.No. \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Date of Request \_\_\_\_\_

Insert name and address of Federal agency  
payroll office

(Space for window envelope)

1. FEDERAL SERVICE:

- a. Did this person perform Federal service for your agency during the periods indicated in item 2 below? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain why any service performed was not Federal service.

- b. Enter State or country of last "headquarters" or "duty station," if different, or, if neither is shown, the place of employment. \_\_\_\_\_

2. BASE-PERIOD WAGE INFORMATION

\_\_\_\_\_ if these wages were previously assigned, indicate  
Base Period \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Specific  
Otr. Ending Year GROSS WAGES State Assigned Assigned period covered

Actual Gross Wages \_\_\_\_\_

3. SEPARATION INFORMATION:

- a. Date of separation \_\_\_\_\_ b. Terminal leave (lump sum) expires on \_\_\_\_\_ (Date)  
c. Reason for separation. (Explain in detail. Use reverse or continuation sheet if necessary.) \_\_\_\_\_

I hereby certify that this wage and separation report, which constitutes the findings made by this agency, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report.

Insert name and address of State agency office to which form is to be returned

Signed \_\_\_\_\_

(Title)

(Date)

ALTERNATIVE ITEMS FOR WAGE INFORMATION SECTION 2 OF FORM ES-931

MICHIGAN

2. BASE-PERIOD WAGE INFORMATION

Base Period From \_\_\_\_\_ through \_\_\_\_\_.

- a. In the base period, did claimant earn at least \$15.01 in each of 39 weeks? Yes\_\_\_ No\_\_\_ (If answer is "Yes," disregard item (1) if answer is "No," complete item (1))

(1) In how many weeks did he earn \$15.01 or more \_\_\_\_\_  
during the base period, No. of weeks

- b. Give claimant's total wages in the base period \$\_\_\_\_\_.  
c. Give claimant's total wages in weeks in which he earned \$15.01 or more if different from total shown in item (b) \$\_\_\_\_\_.  
d. If the claimant was laid off, will he be called back within 4 weeks? Yes\_\_\_ No\_\_\_ If No, has claimant been separated for an indefinite period? Yes\_\_\_ No\_\_\_.

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

WISCONSIN

2. WAGE INFORMATION

- a. In calendar year claimant earned \$\_\_\_\_\_ and he worked in \_\_\_\_\_ week with this agency.

If claimant worked for you less than 10 weeks in \_\_\_\_\_.

Indicate:

Claimant's total wages in \_\_\_\_\_ from this agency \$\_\_\_\_\_.

Claimant's total work weeks in \_\_\_\_\_ in this agency \_\_\_\_\_.

- b. During the period from \_\_\_\_\_ to \_\_\_\_\_, in how many weeks did claimant work for you in employment covered by title XV? \_\_\_\_\_

No. of weeks

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

NEW JERSEY

2. BASE-PERIOD WAGE INFORMATION

Base Period from \_\_\_\_\_ through \_\_\_\_\_.

- a. During the base period shown above the claimant earned \$15.00 or more a week in each of 35 weeks and earned a total of at least \$2262:  
Yes \_\_\_\_\_
- b. No \_\_\_\_\_, During that period the claimant earned \$15.00 or more in each of \_\_\_\_\_ weeks and in these weeks he earned a total of \$\_\_\_\_\_.  
(Do not include wages for weeks in which claimant earned less than \$15.00).

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

NEW YORK

2. BASE-PERIOD WAGE INFORMATION

- a. During the base period shown above the claimant worked at least 26 weeks and earned at least \$3016:  
Yes \_\_\_\_\_
- b. No \_\_\_\_\_, During that period the claimant worked \_\_\_\_\_ weeks and earned a total of \$\_\_\_\_\_.
- c. He earned less than \$15.00 a week during \_\_\_\_\_ of those weeks and in such weeks his total earnings were \$\_\_\_\_\_.

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

OHIO

2. BASE-PERIOD WAGE INFORMATION

Base Period From \_\_\_\_\_ through \_\_\_\_\_.

a. If these wages were previously assigned, indicate:

Base Period	Quarter	Ending Year	GROSS WAGES	Date	Amount	State Assigned	Assigned Specific period covered

Total Gross Wages

b. If claimant worked for you in less than 20 calendar weeks in the base period, in how many weeks did he work? \_\_\_\_\_  
No. of weeks

UTAH

2. BASE-PERIOD WAGE INFORMATION

Base Period From \_\_\_\_\_ through \_\_\_\_\_.

a. Enter base period wages in space provided

Base Period	Quarter	Ending Year	Gross Wages	Date	Amount	State Assigned	Assigned Specific Period Covered

Total Gross Wages

b. Did this employee work full time hours? Yes \_\_\_\_\_ No \_\_\_\_\_  
If part-time, was this due to employee choice? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Did claimant work for you at least 2 full days (or 16 hours) in each of 19 calendar weeks during the base period? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "No" in how many weeks did claimant work 2 full days or 16 hours? \_\_\_\_\_.

(Agency)  
REQUEST FOR INFORMATION OR  
RECONSIDERATION OF FEDERAL FINDINGS

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ I request ☐ reconsideration or ☐ additional information about the following findings:  
Date of Request on Form ES-931 \_\_\_\_\_  
\_\_\_\_\_ ☐ Federal service  
Insert name and address of Federal agency payroll office \_\_\_\_\_  
\_\_\_\_\_ ☐ Federal wages assigned to (State) \_\_\_\_\_  
\_\_\_\_\_ ☐ Periods of Federal service \_\_\_\_\_  
(Space for window envelope) \_\_\_\_\_ ☐ Reason for separation \_\_\_\_\_

Reasons for Request (use continuation sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State what supporting documents were submitted by the claimant to substantiate his request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claimant's Signature _____	Date _____	State Agency Representative's Signature _____	Date _____
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☐ Additional Information is given below:

☐ Reconsidered findings (explain below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use reverse side if necessary)

Insert name and address of State agency to which form is to be returned  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Space for window envelope) \_\_\_\_\_

I hereby certify that the above has been examined by me and to the best of my knowledge is true, correct, and complete.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_